

# Notice of Intent to Permanently Close Underground Storage Tank(s)

FOR  
TANKS  
IN  
NC

North Carolina - Department of Environment, Health, & Natural Resources  
Division of Environmental Management - Groundwater Section - U.S.T.  
P.O. Box 27687  
Raleigh, NC 27611 (919)733-8303

State Use Only  
I. D. Number  
Date Received **MAY 31 1991**  
Winston-Salem  
Regional Office

## INSTRUCTIONS

Please complete and return thirty (30) days prior to permanently closing tank(s).

### I. OWNERSHIP OF TANK(S)

### II. LOCATION OF TANK(S)

Tank Owner Name: T.W. Poindexter

Facility Name or Company: Poindexter Lumber Co.

(Corporation, Individual, Public Agency, or Other Entry)

Street Address: P.O. Box 326

Street Address or State Road: 202 E. Belew St.

County: Forsyth

County: Forsyth

City: Clemmons State: N.C. Zip Code: 27012

City: Winston-Salem State: N.C. Zip Code: 27101

Telephone Number (Area Code): (919) 722-5115

Telephone Number (Area Code): (919) 722-5115

### Contact Person

Name: T.W. Poindexter

Job Title: Manager

Telephone Number: (919) 765-1630

### TANK REMOVAL OR CLOSURE IN PLACE

1. Contact Local Fire Marshall.
2. Plan the Closure Event.
3. Make Site Soil Assessments.

4. Remove Tanks or Close in Place in a Safe and Secure Manner Per API Pubs. "2015 Cleaning" and "1604 Removal & Disposal".

5. Provide a sketch Locating Tanks and Soil Tests.
6. Keep Records for 3 Years.

### TANK(S) CLOSURE OPERATIONS TO BE PERFORMED BY:

(Contractor) Name: M + M Pump & Tank Service, Inc.

Address: 6260 Jennings Road State: N.C.

Zip Code: 27023

Contact: Richard E. McClure

Phone: 945-3678

### TANK(S) SCHEDULED FOR CLOSURE OR TO BE CLOSED

TANK NUMBER	TANK ID #	TANK CAPACITY	LAST CONTENTS	CLOSURE METHOD
				Remove <input type="checkbox"/> Close in Ground <input type="checkbox"/>
Tank 1		<u>3000</u>	<u>gas</u>	<input checked="" type="checkbox"/> <input type="checkbox"/>
Tank 2		<u>500</u>	<u>Empty</u>	<input checked="" type="checkbox"/> <input type="checkbox"/>
Tank 3				<input type="checkbox"/> <input type="checkbox"/>
Tank 4				<input type="checkbox"/> <input type="checkbox"/>
Tank 5				<input type="checkbox"/> <input type="checkbox"/>
Tank 6				<input type="checkbox"/> <input type="checkbox"/>
Tank 7				<input type="checkbox"/> <input type="checkbox"/>
Tank 8				<input type="checkbox"/> <input type="checkbox"/>
Tank 9				<input type="checkbox"/> <input type="checkbox"/>

Name and Official title of Owner's Authorized Representative

M + M Pump & Tank Serv, Inc.

\*Scheduled Removal Date: 7-15-91

Signature: Richard E. McClure

Date Submitted: 5-29-91

\*If scheduled removal date changes, Forty-eight hours verbal notice of tank removal is required.